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CONFIRMATION NO. 5154

Bib Data Sheet

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|---|---|-------------------------------|---|--|
| SERIAL NUMBER 10/024,894 | FILING OR 371(c) DATE 12/18/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. 9726-8U1 |
| APPLICANTS Steven Wojcik, Shoreline, WA; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/256,573 12/19/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/25/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY WA | SHEETS DRAWING 7 | TOTAL CLAIMS 16 |
| | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS 23122 | | | | |
| TITLE Transcutaneous inserter for low-profile infusion sets | | | | |
| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |